FORM D

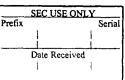
UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB NUMBER: 3235-0076 May 31, 2005 Expires: Estimated average burden hours per response......16.00



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|---|---|--|
| | amendment and name has changed, and indicate change. | |
| Filing Under (Check box(es) that apply): | | ection 4(6) DULOE |
| Type of Filing: x New Filing | Amendment | |
| | A. BASIC IDENTIFICATION DATA | I I COM COM RUBIL SEMI COM COM COM COM COM |
| 1. Enter the information requested about | | |
| Name of Issuer (Check if this is an a SEMIgear, Inc. | mendment and name has changed, and indicate change.) | |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 107 Audubon Road, Suite 2 Building 1, V | | 781-213-3066 |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| | nufacturing of semiconductor wafer processing and packag | PROCESSED FEB 19 2004 |
| Type of Business Organization | | THOMSON |
| x corporation business trust | ☐ limited partnership, already formed ☐ o ☐ limited partnership, to be formed | ther (please specify): FINANCIAL |
| Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organiza | n or Organization: tion: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction) | x Actual |
| GENERAL INSTRUCTIONS | | |
| Endavale | | |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 8

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner x Executive Officer x Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Jian Zhang **Business or Residence Address** (Number and Street, City, State, Zip Code) 107 Audubon Road, Suite 2 Building 1, Wakefield, MA 01880 Check Box(es) that Apply: □ Promoter □ Beneficial Owner x Executive Officer x Director □ General and/or Managing Partner Full Name (Last name first, if individual) Chunghsin Lee Business or Residence Address (Number and Street, City, State, Zip Code) 107 Audubon Road, Suite 2 Building 1, Wakefield, MA 01880 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer x Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Richard Post Business or Residence Address (Number and Street, City, State, Zip Code) 107 Audubon Road, Suite 2 Building 1, Wakefield, MA 01880 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer x Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) John Blaze **Business or Residence Address** (Number and Street, City, State, Zip Code) 107 Audubon Road, Suite 2 Building 1, Wakefield, MA 01880 ☐ General and/or Check Box(es) that Apply: x Beneficial Owner ☐ Executive Officer □ Director □ Promoter Managing Partner Full Name (Last name first, if individual) Jung Fa-Lee **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o 107 Audubon Road, Suite 2 Building 1, Wakefield, MA 01880 ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: □ Promoter x Beneficial Owner □ Director Managing Partner

(Number and Street, City, State, Zip Code)

□ Beneficial Owner

(Number and Street, City, State, Zip Code)

□ Executive Officer

□ Director

☐ General and/or Managing Partner

2-, - :

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

c/o 107 Audubon Road, Suite 2 Building 1, Wakefield, MA 01880

□ Promoter

Chunghsin Lee Trust
Business or Residence Address

Check Box(es) that Apply:

Business or Residence Address

| William Life | - High | PROFESSOR STATES | ATTORNOLOGICAL AND CO. PIER SULP. TAIL VICES | R. INF | ORMATIC | N AROLI | OFFERI | va | | ERECARE L. | JA JALLANDANKEN TOLUNGANAKAN TANJANG | NEL NEW THE PROPERTY OF |
|---|---|--|---|-------------------------|-------------------------------|--|---------------------------|-------------------------|----------------------------|----------------------------|--|-------------------------|
| | | <u> Santa da Arabi</u> | e otatul ili Kali ili s | | | | | | | | Yes | No |
| 1. Has the iss | suer sold, o | r does the i | ssuer intend | i to sell, to | non accred | ited investo | rs in this o | ffering? | | ••••• | 0 | x |
| | | | Ansv | wer also in | Appendix, | Column 2, | if filing und | ier ULOE. | | | | |
| 2. What is th | e minimum | n investmen | t that will t | e accepted | from any in | ndividual? | | | | ••••• | \$N/A | |
| | | | | | | | | | Yes | No | | |
| 3. Does the o | offering per | mit joint ov | vnership of | a single ur | it? | | | | | | x | - |
| 4. Enter the iremuneration or agent of a persons to be Full Name (L | for solicita broker or d listed are a | ition of pure ealer registe issociated p | chasers in c ered with the ersons of st | onnection ie SEC and | with sales o /or with a st | f securities tate or state | in the offers, list the n | ring. If a peame of the | erson to be broker or d | listed is a ealer. If n | n associat | ted person five (5) |
| Business or R | esidence A | ddress (Nu | mber and S | treet, City, | State, Zip (| Code) | | . — — | | | | |
| Name of Asso | ociated Bro | ker or Deal | er | | | | | | | | | <u> </u> |
| States in Whi | ch Person I | Listed Has S | Solicited or | Intends to | Solicit Purc | hasers | | | | | | |
| • | | or check ind | lividual Sta | tes) | | | | | ····· | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [LN] [TX] | [NM] [UT] | [YY] [YT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | (OK) [WI] | [OR] [WY] | [PA] [PR] |
| Full Name (L Business or R | | | | Street, City, | State, Zip (| Code) | | | | | | |
| Name of Asso | ociated Bro | ker or Deal | ег | | | | - | | | <u></u> | | |
| States in Whi | ch Person | Listed Has | Solicited or | Intends to | Solicit Pur | hasers | | | | | | |
| | | or check ind | | | | | | | ••••• | | 0 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| (IL) | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] Full Name (L | [SC] ast name fi | [SD] irst, if indiv | [TN] idual) | [TX] | (UT) | [VT] | [VA] | [WA] | [WV] | (WI) | [WY] | [PR] |
| Business or F | Residence A | Address (Nu | mber and S | Street, City | State. Zin | Code) | | | | | | |
| | | | | , | | , | | | | | | |
| Name of Asse | ociated Bro | ker or Deal | ler | | | ······································ | | | | | | |
| States in Whi | | | | | Solicit Pur | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | (нг) | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [ил] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [O/R] | [PA] |
| 1811 | ISC1 | ומפו | ITNI | mxı | um | IVTI | (VA) | [WA] | (MA) | rwn | [WY] | (PR) |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount

| Debt | | <u>.</u> |
|---|---------------------|--|
| | | |
| | | |
| | | |
| □ Common □ Preferred | | |
| Convertible Securities (including warrants) | | |
| Partnership Interests | \$ | \$ |
| Other (Specify) | \$ | \$ |
| Total | \$1,000,000 | \$802,500 |
| Answer also in Appendix, Column 3, if filing under ULOE. | | |
| Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors | 8 | \$802,500 |
| Non-accredited Investors | 0 | \$ <u>0</u> |
| Total (for filings under Rule 504 only) | | S |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| . If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| Type of offering | Type of Security | Dollar Amount Sold |
| Rule 505 | | \$ |
| Regulation A | | s |
| Rule 504 | | \$ |
| Total | | s |
| a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount-of-an-expenditure—is not known, furnish an estimate and check the box to the left of the estimate. | | *************************************** |
| Transfer Agent's Fees | | o \$ |
| Printing and Engraving Costs | | o \$ |
| Legal Fees | | x \$ <u>5,000</u> |
| | | o \$ |
| Accounting Fees | | |
| Accounting Fees Engineering Fees | | □ \$ |
| · | | <pre>0 \$</pre> |

| 5. | I and total expenses furnished in response "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted grused for each of the purposes shown. If the estimate and check the box to the left of the | e offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the construction of the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above. | | Payments to Officers, Directors, & Affiliates | | \$995,000 Payments To Others |
|------|--|--|------|--|-------------------|-------------------------------------|
| | Salaries and fees | | 0 | \$ | 0 | \$ |
| | Purchase of real estate | | | \$ | 0 | \$ |
| | Purchase, rental or leasing and installation | on of machinery and equipment | 0 | \$ | 0 | \$ |
| | Construction or leasing of plant building | s and facilities | | \$ | | \$ |
| | offering that may be used in exchange for issuer pursuant to a merger) | | 0 | \$ \$ \$ \$ | x | \$ \$ \$ <u>995,000</u> \$ |
| | Column Totals | 0 | \$ | x | \$ <u>995,000</u> | |
| -,- | Total Payments Listed (Column totals ac | x \$ <u>995.000</u> | | | | |
| | following signature constitutes an undertaking | ned by the undersigned duly authorized person. If this not not by the issuer to furnish to the U.S. Securities and Exchalby the issuer to any non-accredited investor pursuant to p | ange | Commission, | ipon | written |
| Iss | suer (Print or Type) | Signature | | Date | 3 - | 04 |
| Na | ame of Signer (Print or Type) | Title of Signer (Print or Type) | | | | |
| .Jia | un Zhang | President | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

---- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)